

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

**CERTIFIED MAIL**

7001 2510 0008 6348 8513  
7001 2510 0008 6348 8513

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To EDDIE MARSHALL  
Street, Apt. No.,  
or PO Box No. 4308 GALLIA ST  
City, State, ZIP+4 NEW BOSTON, OH 45662

PS Form 3800, January 2001 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

**CERTIFIED MAIL**

7001 2510 0008 6348 8681  
7001 2510 0008 6348 8681

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To SANDRA MITCHELL  
Street, Apt. No.,  
or PO Box No. 4308 GALLIA ST.  
City, State, ZIP+4 NEW BOSTON, OH 45662

PS Form 3800, January 2001 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS FOLD AT DOTTED LINE

**CERTIFIED MAIL**

7001 2510 0008 6348 8674  
7001 2510 0008 6348 8674

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To VENA MARSHALL  
Street, Apt. No.,  
or PO Box No. 4308 GALLIA ST.  
City, State, ZIP+4 NEW BOSTON OH 45662

PS Form 3800, January 2001 See Reverse for Instructions